

UDOH Tuberculosis Control Program

Contact Investigation Record

Today's Date _____

Case Name _____ County _____ PHN _____ Date case reported _____ Date CI started _____
 Disease Site: P / EP / Both Sputum Smear: + / - / not done Culture: + / - / not done Infectious period from _____ to _____

Contact	Exposure Site	HIV/ IC (Y/N)	Contact Type*	Date Last Infectious Exposure	PPD Results		X-Ray		Dx	Tx Start Date	Tx Stop Date	Finish Tx/ Reason Not Finished‡
					Initial	Retest	Date	Results				
Name DOB/Relationship Address/Phone#	Home Work School Other		HP MP LP NC		Date	Date			LTBI ATBD	DOPT?		Yes
					mm	mm						No: _____
Name DOB/Relationship Address/Phone#	Home Work School Other		HP MP LP NC		Date	Date			LTBI ATBD	DOPT?		Yes
					mm	mm						No: _____
Name DOB/Relationship Address/Phone#	Home Work School Other		HP MP LP NC		Date	Date			LTBI ATBD	DOPT?		Yes
					mm	mm						No: _____
Name DOB/Relationship Address/Phone#	Home Work School Other		HP MP LP NC		Date	Date			LTBI ATBD	DOPT?		Yes
					mm	mm						No: _____
Name DOB/Relationship Address/Phone#	Home Work School Other		HP MP LP NC		Date	Date			LTBI ATBD	DOPT?		Yes
					mm	mm						No: _____
Name DOB/Relationship Address/Phone#	Home Work School Other		HP MP LP NC		Date	Date			LTBI ATBD	DOPT?		Yes
					mm	mm						No: _____
Name DOB/Relationship Address/Phone#	Home Work School Other		HP MP LP NC		Date	Date			LTBI ATBD	DOPT?		Yes
					mm	mm						No: _____

*** CONTACT TYPE**

HP=high priority contacts are household contacts, contacts <5 yrs, contacts with medical risk (including HIV infection), contacts in congregate setting, or contacts with prolonged exposure
MP=medium priority contacts are contacts 5-15 yrs or contacts with medium exposure to index case
LP=low priority contacts are all other contacts
NC=a person who probably did not share with the index case but requests inclusion in the CI

‡ REASONS FOR NON-COMPLETION OF LTBI TX:

- | | |
|---------------------------|---------------------------------------|
| 1 - Death | 4 - Adverse Effect of Medicine |
| 2 - Contact Moved | 5 - Contact Chose to Stop |
| 3 - ATBD Developed | 6 - Contact Lost to Follow-up |
| | 7 - Provider Decision |